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PTO/SB/01 (10-00)

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DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing <input type="checkbox"/> Declaration Submitted after OR Initial Filing (Surcharge (37 CFR 1.16(e)) required)	Attorney Docket Number	END5188USNP	
	First Named Inventor	Jesse J. Kuhns et al.	
	<i>COMPLETE IF KNOWN</i>		
	Application Number	Not Yet Assigned	
	Filing Date		
	Group Art Unit		
	Examiner Name		

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.
 I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A DIAGNOSTIC DEVICE
(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.


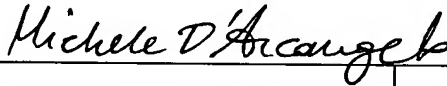
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
MI2003A002278	ITALY	11/21/2003	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

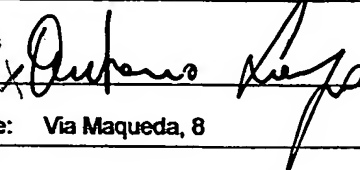
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

DECLARATION - Utility or Design Patent Application		
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.		
Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:		
Application Serial No.	Filing Date	Status
I hereby appoint: <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"> <div> <input checked="" type="checkbox"/> Practitioners at Customer Number 000027777 → </div> <div style="text-align: right;"> Place Customer Number Bar Code Label Here </div> </div> <p style="margin-top: 10px; text-align: center;">AND</p> <div> <input checked="" type="checkbox"/> Practitioner(s) named below: </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <u>Name</u> Dean L. Garner </div> <div> <u>Registration Number</u> 35,877 </div> </div>		
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.		
Address all telephone calls to Dean L. Garner at telephone number (513) 337-8559.		
Direct all correspondence to: <div style="display: flex; align-items: center; margin-left: 20px;"> <div style="text-align: center;"> Customer Number <input checked="" type="checkbox"/> or Bar Code Label </div> <div style="border: 1px solid black; padding: 2px 10px; margin: 0 10px;">000027777</div> <div style="margin: 0 10px;">OR</div> <div> <input type="checkbox"/> Correspondence address below </div> </div>		
Name:		
Address:		
Address:		
City:	State:	ZIP
Country	Telephone:	Fax:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Jesse J.		Family Name or Surname Kuhns		
Inventor's Signature 		Date 3-10-06		
Residence:	1122 Delta Avenue	State Ohio	Country USA	Citizenship USA
Mailing Address: 1122 Delta Avenue				
City:	Cincinnati	State Ohio	ZIP 45208	Country USA
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Michele		Family Name or Surname D'Arcangelo		
Inventor's Signature 		Date 3-13-06		
Residence:	City Via Benedetto Croce, 26 1-00142	State Roma	Country Italy	Citizenship Italy
Mailing Address Via Benedetto Croce, 26 1-00142				
City		State	ZIP	Country Italy
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Federico		Family Name or Surname Bilotti		
Inventor's Signature		Date		
Residence:	Via Padre Filippini, 109 1-00144	State	Country Italy	Citizenship Italy
Mailing Address Via Padre Filippini, 109 1-00144				
City		State	ZIP	Country Italy

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Jesse J.		Family Name or Surname Kuhns		
Inventor's Signature		Date		
Residence:	2083 Trailwood Drive	State Ohio	Country USA	Citizenship USA
Mailing Address: 2083 Trailwood Drive				
City:	Cincinnati	State Ohio	ZIP 45230	Country USA
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Michele		Family Name or Surname D'Arcangelo		
Inventor's Signature		Date		
Residence: City	Via Benedetto Croce, 26	State	Country Italy	Citizenship Italy
Mailing Address Via Benedetto Croce, 26				
City	Roma	State	ZIP 00142	Country Italy
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Federico		Family Name or Surname Bilotti		
Inventor's Signature <i>Federico Bilotti</i>		Date <i>13/March/06</i>		
Residence:	Via Bernina, 18	State	Country Italy	Citizenship Italy
Mailing Address Via Bernina, 18				
City	Aprilia	State	ZIP 04011	Country Italy

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF FORTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Antonio		Family Name or Surname Longo	
Inventor's Signature 		Date 13.03.2006	
Residence: Via Maqueda, 8	State	Country Italy	Citizenship USA
Mailing Address: Via Maqueda, 8			
City: Palermo	State	ZIP 90134	Country Italy

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF FIFTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SIXTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence:	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country